

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/574,551-Conf. #2072
		Filing Date	March 30, 2006
		First Named Inventor	Philip Buzby
		Examiner Name	A. M. Bertagna
		Art Unit	1637
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	NEN-22602/16
TOTAL AMOUNT OF PAYMENT	(\$)	940.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Deposit Account	<input checked="" type="checkbox"/> Credit Card Deposit Account Number: 07-1180 Deposit Account Name: Gifford, Kress, Scitnick, Anderson & Chomsky, P.C.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES <small>Small Entity</small>		SEARCH FEES <small>Small Entity</small>		EXAMINATION FEES <small>Small Entity</small>			
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	330	165	540	270	220	110	_____	
Design	220	110	100	50	140	70	_____	
Plant	220	110	330	165	170	85	_____	
Reissue	330	165	540	270	650	325	_____	
Provisional	220	110	0	0	0	0	_____	
							Small Entity Fee (\$)	
2. EXCESS CLAIM FEES							Fee (\$)	
Fee Description							Fee (\$)	
Each claim over 20 (including Reissues)							52	
Each independent claim over 3 (including Reissues)							220	
Multiple dependent claims							390	
							195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims Fee (\$) Fee Paid (\$)	
22 - 83 or HP x = _____								
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
2 - 9 or HP x = _____								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)							130.00	
Other (e.g., late filing surcharge): 1251 Extension for response within first month							130.00	
1801 Request for continued examination (RCE) (see 37 ...							810.00	

SUBMITTED BY			
Signature	/Avery N. Goldstein, Ph.D./	Registration No. (Attorney/Agent)	39,204
Telephone	(248) 647-6000		
Name (Print/Type)	Avery N. Goldstein, Ph.D.	Date	March 10, 2009